OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
HEALTH AFFAIRS

AURORA, COLORADO 80045-6900

TRICARE
MANAGEMENT ACTIVITY

PDR

**CHANGE 66
OCHAMPUS 6010.50-M
February 18, 1998**

PUBLICATIONS SYSTEM CHANGE TRANSMITTAL
FOR
AUTOMATED DATA PROCESSING AND REPORTING MANUAL

THE DIRECTOR, OCHAMPUS, HAS AUTHORIZED THE FOLLOWING CHANGE(S) TO OCHAMPUS MANUAL 6010.50-M, REISSUED JULY 1992:

PAGE CHANGE(S):   CHAPTERS 2 and 6

REMOVE AND INSERT PAGE(S):   (See page 2 of this transmittal)

SUMMARY OF CHANGE(S): THIS CHANGE IS A CONSOLIDATED PACKAGE OF CHANGES MADE PER REQUIREMENTS AND COMMENTS SUBMITTED. THIS CHANGE IS ISSUED IN CONJUNCTION WITH OPERATIONS MANUAL CHANGE NO. **108.**

EFFECTIVE DATE AND IMPLEMENTATION: UPON DIRECTION OF THE CONTRACTING OFFICER.

Sheila H. Sparkman
Director, Program Development and Evaluation

ATTACHMENT(S):   40 PAGE(S)
DISTRIBUTION: 6010.50-M

REMOVE PAGE(S)

CHAPTER 2

2.IV-21 & 2.IV-22

CHAPTER 6

6.III-1 THROUGH 6.III-29

6.V-3 THROUGH 6.V-8

6.VI-11 & 6.VI-12

6.A-1 & 6.A-2

INSERT PAGE(S)

2.IV-21 & 2.IV-22

6.III-1 THROUGH 6.III-28

6.V-3 THROUGH 6.V-8

6.VI-11 & 6.VI-12

6.A-1 & 6.A-2

SUMMARY OF CHANGES

ADP MANUAL

CHAPTER TWO- DATA REQUIREMENTS

1. Page 2.IV-21. Combined codes 3 and 5 to read "Non-covered benefit/service."

CHAPTER SIX - NON-INSTITUTIONAL EDIT REQUIREMENTS

1. Page 6.III-1. Deleted Note on procedure code 92895.

2. Page 6.III-13. Deleted procedure codes 92895, 92896 and 92897.

3. Page 6.V-4. Deleted paragraphs on procedure codes 92895 and 92896

4. Page 6.VI-11. Deleted procedure codes 92895, 92896 and 92897.

5. Page 6.A-1. Changed DME Rental/Purchase procedure code E1702 to E1830 and K0285 to Ko452. Changed Dental procedure codes D0100-D8999 to 00120-09999.

Data Element Definition

Element Name: **Denial Reason Code**

Records/Locator Numbers

Record Name	Locator #	Occurrences	Required
Institutional	1-380	Up to 50	Yes[1]
Non-Institutional	2-330	Up to 25	Yes[1]

Primary Picture (Format)   Two (2) alphanumeric characters.

Definition   Code identifying the reason for non-payment of services on the detail line item.

Code/Value Specifications

1   Duplicate service(s)

2   Ineligible claimant

3   Non-*covered* benefit/*service* |

4   Maximum benefit exceeded

                                                         |

6   Filing limitation exceeded

7   Suspense limitation exceeded

8   Other

9   Non-Availability Statement cancelled or not provided

A   DEERS

B   Potential Third Party Liability

C   Verified Third Party Liability

D   Bone marrow transplant, no Wilford Hall referral

E   Billing for partial stay under DRG not reimbursable

F   DRG non-reimbursable (e.g., hospital based professionals, kidney acquisition costs)

Notes and Special Instructions:
   Left Justified, Blank filled

[1] *Required if services are not allowed. Leave blank if not applicable.*

Data Element Definition

Element Name: **Denial Reason Code (Continued)**

<table>
<tr><td rowspan="10">**Code/Value Specifications**
(Continued)</td><td>G</td><td>Authorization not on file</td></tr>
<tr><td>H</td><td>Invalid Interim DRG request for payment</td></tr>
<tr><td>I</td><td>High Volume Psychiatric Hospital/Unit excluded from per diem reimbursement</td></tr>
<tr><td>J</td><td>Billing medium incorrect: e.g., billing on a UB-82 or UB-92 for professional services/ supplies.</td></tr>
<tr><td>K</td><td>Maximum amount allowed for more comprehensive procedure</td></tr>
<tr><td>L</td><td>Other insurance processing information not provided</td></tr>
<tr><td>M</td><td>Provider is not CHAMPUS-certified</td></tr>
<tr><td>N</td><td>Multiple denial reasons</td></tr>
<tr><td>GG</td><td>CHAMPUS Claimcheck</td></tr>
</table>

Algorithm   N/A

Subordinate and/or Group Elements

Subordinate	Group
N/A	N/A

Notes and Special Instructions:
Left Justified, Blank filled

[1] *Required if services are not allowed. Leave blank if not applicable.*

III.   NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 145-164)

Element Name: Patient Copayment (2-145)

Validity Edits

2-145-01   MUST BE NUMERIC.

Relational Edits

Related to Element	Edited Element Relationship	Also Relates to Element(s)
SPONSOR STATUS	SEE BELOW	PROGRAM INDICATOR. TYPE OF SERVICE. ENROLLMENT STATUS. TYPE OF SUBMISSION. FILING DATE. OVERRIDE CODE. SPECIAL PROCESSING CODE
SPONSOR STATUS	SEE BELOW	SPECIAL PROCESSING CODE.TYPE OF SERVICE. PRINCIPAL TREATMENT DIAGNOSIS. ENROLLMENT STATUS. TYPE OF SUBMISSION. FILING DATE. OVERRIDE CODE. SPECIAL PROCESSING CODE
SPECIAL PROCESSING CODE	SEE BELOW	SPONSOR STATUS. TYPE OF SERVICE. PRINCIPAL TREATMENT DIAGNOSIS. AMOUNT ALLOWED BY PROCEDURE CODE. NUMBER OF SERVICES. ENROLLMENT STATUS. TYPE OF SUBMISSION. FILING DATE
TYPE OF SUBMISSION	SEE BELOW	FILING DATE. AMOUNT ALLOWED
SPECIAL RATE CODE	SEE BELOW	ENROLLMENT STATUS. PROGRAM INDICATOR. TYPE OF SUBMISSION. FILING DATE. AMOUNT ALLOWED. OVERRIDE CODE. SPECIAL PROCESSING CODE

[1]   SEE TYPE OF SERVICE EDIT 2-325-02R FIRST POSITION OF TYPE OF SERVICE MUST BE CONSISTENT FOR ALL DETAIL OCCURRENCES. COST-SHARE EDITING CANNOT BE DONE IF THAT EDIT FAILS!

Element Name: **Patient Copayment (2-145) (Continued)**

PROGRAM INDICATOR	SEE BELOW	ENROLLMENT STATUS, TYPE OF SUBMISSION, FILING DATE, AMOUNT ALLOWED, OVERRIDE CODE, SPECIAL PROCESSING CODE
SPECIAL PROCESSING CODE	SEE BELOW	TYPE OF SUBMISSION, FILING DATE
OVERRIDE CODE	SEE BELOW	

Edited Element Relationship

2-145-02R   PATIENT COPAYMENT MUST BE ZERO **WHEN**.

    TYPE OF SUBMISSION   D   COMPLETE FI/CONTRACTOR DENIAL

2-145-03R   PATIENT COPAYMENT MUST BE ZERO **WHEN**

    TYPE OF SUBMISSION   C   COMPLETE CANCELLATION

    WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE

    UNLESS

    THE CANCELLED HCSR REPORTS AMOUNT ALLOWED > ZERO, IN WHICH CASE PATIENT COPAYMENT MUST BE ≥ ZERO.

2-145-05R   PATIENT COPAYMENT MUST BE ≤ AMOUNT ALLOWED **WHEN**

PROGRAM INDICATOR	I	INSTITUTIONAL
	N	NON-INSTITUTIONAL
	D	DRUG
	T	DENTAL
ENROLLMENT STATUS	S	CRI STANDARD CHAMPUS
	J	MANAGED CARE SUPPORT - HOMESTEAD STANDARD CHAMPUS PROGRAM
	M	MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD CHAMPUS PROGRAM
	Q	NEW ORLEANS STANDARD CHAMPUS
	F	FI STANDARD CHAMPUS
	D	MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD CHAMPUS PROGRAM
	T	*MANAGED CARE SUPPORT - STANDARD CHAMPUS PROGRAM*
	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
TYPE OF SUBMISSION	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT
	F	ADJUSTMENT NEW SUFFIX

    OR

TYPE OF SUBMISSION	A	ADJUSTMENT
	C	CANCELLATION WITH AMOUNT ALLOWED > ZERO

---

[1]   *SEE TYPE OF SERVICE EDIT 2-325-02R FIRST POSITION OF TYPE OF SERVICE MUST BE CONSISTENT FOR ALL DETAIL OCCURRENCES. COST-SHARE EDITING CANNOT BE DONE IF THAT EDIT FAILS!*

Element Name: **Patient Copayment (2-145) (Continued)**

WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE:

SPECIAL RATE CODE	D	DISCOUNT RATE AGREEMENT
NO OCCURRENCE OF OVERRIDE CODE	K	CATASTROPHIC LOSS
NO OCCURRENCE OF SPECIAL PROCESSING CODE	9	FORT DRUM
	O	CAMCHAS
	A	INTERNAL PARTNERSHIP
	S	RESOURCE SHARING
	#	HOSPICE

2-145-06R   PATIENT COPAYMENT MUST BE ≤ AMOUNT ALLOWED (AND COINSURANCE MUST BE ZERO)
<u>WHEN</u>

PROGRAM INDICATOR	H	PROGRAM FOR THE HANDICAPPED
ENROLLMENT STATUS	S	CRI STANDARD CHAMPUS
	J	MANAGED CARE SUPPORT - HOMESTEAD STANDARD CHAMPUS PROGRAM
	M	MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD CHAMPUS PROGRAM
	Q	NEW ORLEANS STANDARD CHAMPUS
	F	FI STANDARD CHAMPUS
	D	*MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD CHAMPUS PROGRAM*
	T	*MANAGED CARE SUPPORT - STANDARD CHAMPUS PROGRAM*
	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
TYPE OF SUBMISSION	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT
	F	ADJUSTMENT NEW SUFFIX

<u>OR</u>

TYPE OF SUBMISSION	A	ADJUSTMENT
	C	CANCELLATION WITH AMOUNT ALLOWED > ZERO

WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE:

NO OCCURRENCE OF OVERRIDE CODE	K	CATASTROPHIC LOSS
NO OCCURRENCE OF SPECIAL PROCESSING CODE	9	FORT DRUM
	O	CAMCHAS
	A	INTERNAL PARTNERSHIP
	S	RESOURCE SHARING

[1] *SEE TYPE OF SERVICE EDIT 2-325-02R FIRST POSITION OF TYPE OF SERVICE MUST BE CONSISTENT FOR ALL DETAIL OCCURRENCES. COST-SHARE EDITING CANNOT BE DONE IF THAT EDIT FAILS!*

Element Name: **Patient Copayment (2-145) (Continued)**

	#	HOSPICE
	MH	MENTAL HEALTH

2-145-07R   PATIENT COPAYMENT MUST BE ZERO **WHEN**

ANY OCCURRENCE OF SPECIAL PROCESSING CODE	A	PARTNERSHIP PROGRAM. (INTERNAL PROVIDERS WITH SIGNED AGREEMENTS)
	#	HOSPICE
	S	RESOURCE SHARING
TYPE OF SUBMISSION	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT
	F	ADJUSTMENT NEW SUFFIX
	D	COMPLETE DENIAL

OR

TYPE OF SUBMISSION	A	ADJUSTMENT
	C	COMPLETE CANCELLATION

WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE

ELSE

TYPE OF SUBMISSION	B	ADJUSTMENT NON-HCSR DATA
	E	CANCELLATION NON-HCSR DATA
TYPE OF SUBMISSION	A	ADJUSTMENT
	C	COMPLETE CANCELLATION

WITH FILING DATE OLDER THAN NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE

THEN PATIENT COPAYMENT MUST BE ≤ ZERO.

- EDITS FOR DEPENDENTS OF ACTIVE DUTY SPONSORS.

2-145-08R   PATIENT COPAYMENT MUST BE ZERO **WHEN**

SPONSOR STATUS	A	ACTIVE DUTY
	P	TAMP DESIGNEE
	B	RECALLED ACTIVE DUTY
	E	MEPCOM ENLISTEE
	J	ACADEMY/OCS
	N	NATIONAL GUARD
	Q	PRISON/APPELLATE
	V	RESERVE
	T	FOREIGN MILITARY
PROGRAM INDICATOR	I	INSTITUTIONAL
	N	NON-INSTITUTIONAL
	D	DRUG
	T	DENTAL
ANY OCCURRENCE OF FIRST POSITION OF TYPE OF SERVICE[1]	I	INPATIENT

[1] SEE TYPE OF SERVICE EDIT 2-325-02R FIRST POSITION OF TYPE OF SERVICE MUST BE CONSISTENT FOR ALL DETAIL OCCURRENCES. COST-SHARE EDITING CANNOT BE DONE IF THAT EDIT FAILS!

Element Name: **Patient Copayment (2-145) (Continued)**

	K	EMERGENCY ROOM COST SHARED AS INPATIENT
	O	OUTPATIENT
	M	MATERNITY OUTPATIENT. COST-SHARED AS INPATIENT
AND		
PROVIDER MAJOR SPECIALTY NOT =	BC	BIRTHING CENTER
	O	OUTPATIENT
ENROLLMENT STATUS	S	CRI STANDARD CHAMPUS
	J	MANAGED CARE SUPPORT - HOMESTEAD STANDARD CHAMPUS PROGRAM
	M	MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD CHAMPUS PROGRAM
	Q	NEW ORLEANS STANDARD CHAMPUS
	F	FI STANDARD CHAMPUS
	D	*MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD CHAMPUS PROGRAM*
	T	*MANAGED CARE SUPPORT - STANDARD CHAMPUS PROGRAM*
	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
PATIENT RELATIONSHIP TO SPONSOR ≠	T	FORMER SPOUSE
	H	
	R	
	Y	
NO OCCURRENCE OF OVERRIDE CODE	K	CATASTROPHIC LOSS
	U	BENEFICIARY INDEMNIFICATION PAYMENT
	V	ACTIVE DUTY DEPENDENT SERVICES PROVIDED IN OCHAMPUSEUR
NO OCCURRENCE OF SPECIAL PROCESSING CODE	9	FORT DRUM
	A	INTERNAL PARTNERSHIP
	O	CAMCHAS
	N	CHAMPUS SELECT
	6	HOME HEALTH CARE
	R	MEDICARE/CHAMPUS DUAL ENTITLEMENT
	S	RESOURCE SHARING
	*	VA MEDICAL CENTER CLAIM
	#	HOSPICE
	!	NORTHERN REGION COORDINATED CARE
	MH	MENTAL HEALTH
TYPE OF SUBMISSION	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT

[1] *SEE TYPE OF SERVICE EDIT 2-325-02R FIRST POSITION OF TYPE OF SERVICE MUST BE CONSISTENT FOR ALL DETAIL OCCURRENCES. COST-SHARE EDITING CANNOT BE DONE IF THAT EDIT FAILS!*

Element Name: **Patient Copayment (2-145) (Continued)**

	O	ZERO PAYMENT
	F	ADJUSTMENT NEW SUFFIX

OR

TYPE OF SUBMISSION	A	ADJUSTMENT
	C	CANCELLATION WITH AMOUNT ALLOWED > ZERO

WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE

ELSE

TYPE OF SUBMISSION	B	ADJUSTMENT NON-HCSR DATA
	E	CANCELLATION OF NON-HCSR DATA

OR

TYPE OF SUBMISSION	A	ADJUSTMENT
	C	CANCELLATION

WITH FILING DATE OLDER THAN NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE

THEN PATIENT COPAYMENT MUST BE ≤ ZERO.

PATIENT COPAYMENT MUST BE ZERO **WHEN**

SPONSOR STATUS	A	ACTIVE DUTY
	P	TAMP DESIGNEE
	B	RECALLED ACTIVE DUTY
	E	MEPCOM ENLISTEE
	J	ACADEMY/OCS
	N	NATIONAL GUARD
	Q	PRISON/APPELLATE
	V	RESERVE
	T	FOREIGN MILITARY
PROGRAM INDICATOR	N	NON-INSTITUTIONAL
	D	DRUG
	T	DENTAL
ANY OCCURRENCE OF FIRST POSITION OF TYPE OF SERVICE[1]	A	AMBULATORY SURGERY
ENROLLMENT STATUS	S	CRI STANDARD CHAMPUS
	Q	NEW ORLEANS STANDARD CHAMPUS
	F	FI STANDARD CHAMPUS
	D	MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD CHAMPUS PROGRAM
	T	MANAGED CARE SUPPORT - STANDARD CHAMPUS PROGRAM
	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
	J	MANAGED CARE SUPPORT - HOMESTEAD STANDARD CHAMPUS PROGRAM

[1] *SEE TYPE OF SERVICE EDIT 2-325-02R FIRST POSITION OF TYPE OF SERVICE MUST BE CONSISTENT FOR ALL DETAIL OCCURRENCES. COST-SHARE EDITING CANNOT BE DONE IF THAT EDIT FAILS!*

Element Name: **Patient Copayment (2-145) (Continued)**

	M	MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD CHAMPUS PROGRAM
PATIENT RELATIONSHIP TO SPONSOR ≠	T H R Y	FORMER SPOUSE
NO OCCURRENCE OF OVERRIDE CODE	K	CATASTROPHIC LOSS
	U	BENEFICIARY INDEMNIFICATION PAYMENT
	V	ACTIVE DUTY DEPENDENT SERVICES PROVIDED IN OCHAMPUSEUR
NO OCCURRENCE OF SPECIAL PROCESSING CODE	N	CHAMPUS SELECT
	O	CAMCHAS
	9	FORT DRUM
	A	INTERNAL PARTNERSHIP
	6	HOME HEALTH CARE
	R	MEDICARE/CHAMPUS DUAL ENTITLEMENT
	S	RESOURCE SHARING
	#	HOSPICE
	*	VA MEDICAL CENTER CLAIM
	!	NORTHERN REGION COORDINATED CARE
	MH	MENTAL HEALTH
TYPE OF SUBMISSION	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT
	F	ADJUSTMENT NEW SUFFIX

OR

TYPE OF SUBMISSION	A	ADJUSTMENT
	C	CANCELLATION WITH AMOUNT ALLOWED > ZERO

WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE

ELSE

TYPE OF SUBMISSION	B	ADJUSTMENT NON-HCSR DATA
	E	CANCELLATION NON-HCSR DATA

OR

TYPE OF SUBMISSION	A	ADJUSTMENT
	C	CANCELLATION

WITH FILING DATE OLDER THAN NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE

THEN PATIENT COPAYMENT MUST BE ≤ ZERO.

2-145-09R   PATIENT COPAYMENT MUST EQUAL $25.00 (**OR** BETWEEN ZERO AND $24.99, NOT TO EXCEED AMOUNT ALLOWED. IF AMOUNT ALLOWED < $25.00) **WHEN**

[1]   *SEE TYPE OF SERVICE EDIT 2-325-02R FIRST POSITION OF TYPE OF SERVICE MUST BE CONSISTENT FOR ALL DETAIL OCCURRENCES. COST-SHARE EDITING CANNOT BE DONE IF THAT EDIT FAILS!*

Element Name: Patient Copayment (2-145) (Continued)

SPONSOR STATUS	A	ACTIVE DUTY
	P	TAMP DESIGNEE
	B	RECALLED ACTIVE DUTY
	E	MEPCOM ENLISTEE
	J	ACADEMY/OCS
	N	NATIONAL GUARD
	Q	PRISON/APPELLATE
	V	RESERVE
	T	FOREIGN MILITARY
PATIENT RELATIONSHIP TO SPONSOR ≠	T H R Y	FORMER SPOUSE
PROGRAM INDICATOR	I	INSTITUTIONAL
ENROLLMENT STATUS	S	CRI STANDARD CHAMPUS
	J	MANAGED CARE SUPPORT - HOMESTEAD STANDARD CHAMPUS PROGRAM
	M	MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD CHAMPUS PROGRAM
	Q	NEW ORLEANS STANDARD CHAMPUS
	F	FI STANDARD CHAMPUS
	D	MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD CHAMPUS PROGRAM
	T	MANAGED CARE SUPPORT - STANDARD CHAMPUS PROGRAM
	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
ANY OCCURRENCE OF FIRST POSITION OF TYPE OF SERVICE[1]	A	AMBULATORY SURGERY. COST-SHARED AS INPATIENT
	M	MATERNITY OUTPATIENT. COST-SHARED AS INPATIENT
	O	OUTPATIENT
AND PROVIDER MAJOR SPECIALTY	BC	BIRTHING CENTER
NO OCCURRENCE OF OVERRIDE CODE	K	CATASTROPHIC LOSS
	U	BENEFICIARY INDEMNIFICATION PAYMENT
	V	ACTIVE DUTY DEPENDENT SERVICES PROVIDED IN OCHAMPUSEUR
NO OCCURRENCE OF SPECIAL PROCESSING CODE	9	FORT DRUM
	6	HOME HEALTH CARE
	O	CAMCHAS
	A	INTERNAL PARTNERSHIP

[1] *SEE TYPE OF SERVICE EDIT 2-325-02R FIRST POSITION OF TYPE OF SERVICE MUST BE CONSISTENT FOR ALL DETAIL OCCURRENCES. COST-SHARE EDITING CANNOT BE DONE IF THAT EDIT FAILS!*

Element Name: **Patient Copayment (2-145) (Continued)**

	N	CHAMPUS SELECT
	R	MEDICARE/CHAMPUS DUAL ENTITLEMENT
	S	RESOURCE SHARING
	*	VA MEDICAL CENTER CLAIM
	#	HOSPICE
	!	NORTHERN REGION COORDINATED CARE
	MH	MENTAL HEALTH
TYPE OF SUBMISSION	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT
	F	ADJUSTMENT NEW SUFFIX

OR

TYPE OF SUBMISSION	A	ADJUSTMENT
	C	CANCELLATION WITH AMOUNT ALLOWED > ZERO

WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE.

- EDIT FOR RETIRED SPONSORS AND THEIR DEPENDENTS. AND DEPENDENTS OF DECEASED SPONSORS. (**OR** FORMER SPOUSE).

2-145-10R PATIENT COPAYMENT MUST = ZERO **WHEN**

SPONSOR STATUS	F	FORMER MEMBER
	I	PERMANENTLY DISABLED
	O	TEMPORARILY DISABLED
	R	RETIRED
	K	DECEASED
	D	100% DISABLED
	W	TITLE III RETIREE
PATIENT RELATIONSHIP TO SPONSOR	T H R Y	FORMER SPOUSE
ENROLLMENT STATUS	S	CRI STANDARD CHAMPUS
	J	MANAGED CARE SUPPORT - HOMESTEAD STANDARD CHAMPUS PROGRAM
	M	MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD CHAMPUS PROGRAM
	Q	NEW ORLEANS STANDARD CHAMPUS
	F	FI STANDARD CHAMPUS
	D	MANAGED CARE SUPPORT - TRICARE- TIDEWATER STANDARD CHAMPUS PROGRAM
	T	MANAGED CARE SUPPORT - STANDARD CHAMPUS PROGRAM
	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD

[1] *SEE TYPE OF SERVICE EDIT 2-325-02R FIRST POSITION OF TYPE OF SERVICE MUST BE CONSISTENT FOR ALL DETAIL OCCURRENCES. COST-SHARE EDITING CANNOT BE DONE IF THAT EDIT FAILS!*

Element Name: **Patient Copayment (2-145) (Continued)**

NO OCCURRENCE OF OVERRIDE CODE		K	CATASTROPHIC LOSS
		U	BENEFICIARY INDEMNIFICATION PAYMENT
NO OCCURRENCE OF SPECIAL PROCESSING CODE		9	FORT DRUM
		O	CAMCHAS
		A	INTERNAL PARTNERSHIP
		N	CHAMPUS SELECT
		6	HOME HEALTH CARE
		R	MEDICARE/CHAMPUS DUAL ENTITLEMENT
		S	RESOURCE SHARING
		*	VA MEDICAL CENTER CLAIM
		#	HOSPICE
TYPE OF SUBMISSION		I	INITIAL SUBMISSION
		R	RESUBMISSION OF ERROR REJECT
		O	ZERO PAYMENT
		F	ADJUSTMENT NEW SUFFIX

OR

TYPE OF SUBMISSION		A	ADJUSTMENT
		C	CANCELLATION WITH AMOUNT ALLOWED > ZERO

WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE

ELSE

TYPE OF SUBMISSION		B	ADJUSTMENT NON-HCSR DATA
		E	CANCELLATION NON-HCSR DATA

OR

TYPE OF SUBMISSION		A	ADJUSTMENT
		C	COMPLETE CANCELLATION

WITH FILING DATE OLDER THAN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE

THEN PATIENT COPAYMENT MUST BE ≤ ZERO.

- EDITS FOR FORT DRUM SPECIAL PROCESSING.

2-145-14R   PATIENT COPAYMENT MUST = ZERO **WHEN**
SPONSOR STATUS = ANY VALUE LISTED UNDER ACTIVE DUTY, TAMP DESIGNEE, RETIRED **OR** DECEASED:

SPECIAL PROCESSING CODE		9	FT DRUM DEMONSTRATION
PROVIDER PARTICIPATION INDICATOR		Y	YES
ENROLLMENT STATUS		S	CRI STANDARD CHAMPUS
		Q	NEW ORLEANS STANDARD CHAMPUS
		F	FI STANDARD CHAMPUS

---

[1]   SEE TYPE OF SERVICE EDIT 2-325-02R FIRST POSITION OF TYPE OF SERVICE MUST BE CONSISTENT FOR ALL DETAIL OCCURRENCES. COST-SHARE EDITING CANNOT BE DONE IF THAT EDIT FAILS!

Element Name: **Patient Copayment (2-145) (Continued)**

ANY OCCURRENCE OF FIRST	O	OUTPATIENT
POSITION OF TYPE OF SERVICE[1]	A	AMBULATORY SURGERY COST-SHARED AS INPATIENT

PRINCIPAL TREATMENT DIAGNOSIS ≠ 290-316 (MENTAL HEALTH)

TYPE OF SUBMISSION	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT
	F	ADJUSTMENT NEW SUFFIX

OR

TYPE OF SUBMISSION	A	ADJUSTMENT
	C	CANCELLATION WITH AMOUNT ALLOWED > ZERO

WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE

ELSE

TYPE OF SUBMISSION	B	ADJUSTMENT NON-HCSR DATA
	E	CANCELLATION NON-HCSR DATA

OR

TYPE OF SUBMISSION	A	ADJUSTMENT
	C	CANCELLATION

WITH FILING DATE OLDER THAN NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE

THEN PATIENT COPAYMENT MUST BE ≤ ZERO.

2-145-15R PATIENT COPAYMENT MUST BE $4.00 TIMES NUMBER OF SERVICES (WHERE AMOUNT ALLOWED BY PROCEDURE CODE ≠ ZERO FOR DETAIL OCCURRENCE) **WHEN**

SPONSOR STATUS		ANY VALUE LISTED UNDER ACTIVE DUTY, TAMP DESIGNEE, RETIRED **OR** DECEASED;
SPECIAL PROCESSING CODE	9	FT DRUM DEMONSTRATION
PROVIDER PARTICIPATION INDICATOR	Y	YES
ENROLLMENT STATUS	S	CRI STANDARD CHAMPUS
	Q	NEW ORLEANS STANDARD CHAMPUS
	F	FI STANDARD CHAMPUS

PRINCIPAL TREATMENT DIAGNOSIS = 290 - 316 (MENTAL HEALTH);

ANY OCCURRENCE OF FIRST		
POSITION OF TYPE OF SERVICE[1]	O	OUTPATIENT
	A	AMBULATORY SURGERY COST-SHARED AS INPATIENT
TYPE OF SUBMISSION	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT
	F	ADJUSTMENT NEW SUFFIX

OR

TYPE OF SUBMISSION	A	ADJUSTMENT

[1] *SEE TYPE OF SERVICE EDIT 2-325-02R FIRST POSITION OF TYPE OF SERVICE MUST BE CONSISTENT FOR ALL DETAIL OCCURRENCES. COST-SHARE EDITING CANNOT BE DONE IF THAT EDIT FAILS!*

Element Name: **Patient Copayment (2-145) (Continued)**

C	CANCELLATION WITH AMOUNT ALLOWED > ZERO

WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE.

- EDIT FOR ARMY CAM DEMONSTRATIONS. DEPENDENTS OF ACTIVE DUTY SPONSOR.

2-145-16R PATIENT COPAYMENT MUST BE THE ACTIVE DUTY DAILY RATE TIMES THE NUMBER OF SERVICES[2] (WHERE AMOUNT ALLOWED BY PROCEDURE CODE $\neq$ ZERO FOR DETAIL OCCURRENCE) **WHEN**

SPONSOR STATUS	A	ACTIVE DUTY
	P	TAMP DESIGNEE
	B	RECALLED ACTIVE DUTY
	E	MEPCOM ENLISTEE
	J	ACADEMY/OSC
	N	NATIONAL GUARD
	Q	PRISON/APPELLATE
	V	RESERVE
	T	FOREIGN MILITARY
PATIENT RELATIONSHIP TO SPONSOR $\neq$	T H R Y	FORMER SPOUSE
PROGRAM INDICATOR	I	INSTITUTIONAL
	N	NON-INSTITUTIONAL
ANY OCCURRENCE OF FIRST POSITION OF TYPE OF SERVICE[1]	P	PARTIAL PSYCHIATRIC OUTPATIENT
ENROLLMENT STATUS	S	CRI STANDARD CHAMPUS
	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
	Q	NEW ORLEANS STANDARD CHAMPUS
	F	FI STANDARD CHAMPUS

PROCEDURE CODE = '92891'. '92892'. '92893'. '92898'. OR '92899'

TYPE OF SUBMISSION	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT
	F	ADJUSTMENT NEW SUFFIX

OR

TYPE OF SUBMISSION	A	ADJUSTMENT
	C	CANCELLATION WITH AMOUNT ALLOWED >ZERO

WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE

NO OCCURRENCE OF OVERRIDE CODE	K	CATASTROPHIC LOSS
	U	BENEFICIARY INDEMNIFICATION PAYMENT

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[1] *SEE TYPE OF SERVICE EDIT 2-325-02R FIRST POSITION OF TYPE OF SERVICE MUST BE CONSISTENT FOR ALL DETAIL OCCURRENCES. COST-SHARE EDITING CANNOT BE DONE IF THAT EDIT FAILS!*